

APPLICATION FOR MANUFACTURED HOME INSTALLER LICENSING / CONTINUING EDUCATION COURSE PROVIDER

State Form 53617 (6-08)

MANUFACTURED HOME INSTALLER LICENSING BOARD PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3040
E-mail: pla11@pla.IN.gov

Type of course provider

☐ Licensing course provider

- INSTRUCTIONS: 1. A completed application includes the following:
 - a. A completed and notarized application.
 - b. A descriptive course outline for each course.
 - c. A professional biography for each instructor.
 - d. A sample course completion certificate.
 - e. A course evaluation form.
 - 2. A separate application must be submitted for each course provider.

☐ Continuing Education course provider

Address of course provider (number and street, city, state, and ZIP code)				
Name of contact person	Telephone number		E-mail address	
Type of ownership (<i>check one</i>) ☐ Partnership ☐ LLC / LLP ☐ Corp	poration	If the ownership of the course provider is a partnership, LLC / LLP, or corporation, provide ownership information below.		
Name of partner / manager / director / officer			Title	
Address (number and street, city, state, and ZIP code)				
Name of partner / manager / director / officer			Title	
Address (number and street, city, state, and ZIP code)				
Name of partner / manager / director / officer			Title	
Address (number and street, city, state, and ZIP code)				
Name of partner / manager / director / officer			Title	
Address (number and street, city, state, and ZIP code)				
LIST OF COURSES				
TITLE OF COURSE		HOURS	NAME OF INSTRUCTOR	

Name of course provider

STATE OF INDIANA				
COUNTY OF				
continuing education course provider approval. I (We) understan	h 879 IAC 1-6-1 pertaining to manufactured home installer licensing / and that any violation of the license law or rules on my (our) part will ion given in this application is true and correct to the best of my (our)			
Signature of principal officer, partner, manager, or sole proprietor	Date subscribed and sworn to Notary Public (month, day, year)			
Printed name of principal officer, partner, manager, or sole proprietor				
Signature of Notary Public	Printed name of Notary Public			
County of residence	commission expires (month, day, year)			
FOR OFFICE USE ONLY Approved				
☐ Tabled Reason:				
□ Denied Reason:				
☐ Denied Reason:				

Have you read and understand the statutes and rules regarding course requirements found in 879 IAC 1-4 through 879 IAC 1-8?

☐ Yes ☐ No